

Association they should still have special interest and value because the opinions then presented reflect the points of view not only of the individual speakers, but of considerable groups of members throughout the State, holding to somewhat similar outlooks. Health insurance problems will continue to have a prominent place in medical and lay thought for years to come. A perusal of the speeches printed in this issue can be thought-stimulating, if readers will but ask how they themselves would answer the various statements put forth by the delegates who spoke on the several phases of the topic, and for the consideration of which the special session was convened at Los Angeles on March 2 and 3. For two days the members of the House listened with marked attention to the debates. Now, members-at-large, in leisure moments, may well review the proceedings in retrospect. Take the time, therefore, to read these speeches. If you do not approve of what is there said ask how you yourself would answer, or what kind of a presentation you yourself would have made, to express your own understanding of the various problems.

EDITORIAL COMMENT*

HYPOGLYCEMIA IN DIABETES

It is well known that depancreatized animals develop hyperglycemia, and that this hyperglycemia may be controlled or dropped to normal or subnormal levels by the artificial injection of insulin. It is not so well known that a certain number of these depancreatized animals die in a state of hypoglycemia without having had any artificial injection of insulin. Autopsy on these animals reveals a marked fatty degeneration of the liver.¹

The existence of a sufficient amount of functioning liver tissue is necessary to maintain sugar up to normal or hyperglycemic levels. There is abundant evidence to support the idea that hepatic damage causes hypoglycemia in non-diabetic animals.² Furthermore, we conclude from the work of F. C. Mann and T. B. Magath that when a dog is depancreatized and hyperglycemia results, and then the liver is removed, the blood sugar falls and the dog dies in a state of hypoglycemia. These investigators say: "The experiments prove conclusively that the liver is absolutely necessary for the maintenance of the blood-sugar level in the hyperglycemic animal in the same manner as in the normal animal. The increase in blood sugar following pancreatectomy is dependent on the presence of the liver. Without an adequate amount of functioning liver tissues, the increase in blood sugar, following pancreatectomy, could not occur."

* This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comment by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California and Nevada Medical Associations to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

¹ Fisher, N. F.: *Am. J. Physiol.*, 67:634, 1923.

² Mann, F. C., and Magath, T. B.: *Arch. Int. Med.*, 37:797, 1923.

It is the general opinion that the typical hyperglycemic response of the depancreatized animal is much better when the animal is fed pancreas by mouth. That this is not due to any absorption of insulin from the intestine is also well known. It is suggested that the external enzymes of the pancreas have some beneficial effect on these animals, and that a possible cause of the fatty degeneration of the liver in depancreatized animals is the absence of the pancreatic enzymes.³ In support of this idea, non-diabetic animals with permanent pancreatic fistulae show this fatty degeneration of the liver with the resultant hypoglycemia. Such animals are greatly hypersensitive to insulin.⁴

Paralleling this experimental work, I. T. Zeckwer⁵ reports the case of a man who was diabetic. He had been taking insulin for some time, but gradually developed an increased sensitivity to the insulin, so that it was withdrawn. A condition of hypoglycemia persisted, which was relieved only by the intravenous injections of glucose. He finally died in a state of hypoglycemic shock. Autopsy revealed a marked fatty degeneration of the liver, a complete obstruction of the pancreatic duct with stones and a marked atrophy, not only of the isles of Langerhans, which accounted for his diabetes, but also of the structures which normally secrete pancreatic juice. The hypoglycemia was apparently due to the degeneration of the liver, and the degeneration of the liver was due to the absence of pancreatic enzymes.

It is suggested that when the liver is damaged through the loss of the external secretions of the pancreas, hypoglycemia may result in a patient with diabetes, even in the absence of treatment with insulin.

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³ Hershey, J. M., and Soskin, S.: *Am. J. Physiol.*, 98:74, 1931.

⁴ Berg, B. N., and Zucker, T. F.: *Proc. Soc. Exper. Biol. and Med.*, 29:68, 1931.

⁵ Zeckwer, I. T.: *Arch. Int. Med.*, 54:330.

The First "Skyscraper" Hospital in Europe.—The new Beaujon Hospital has just opened its doors in Paris. An event that would attract little attention in the United States is hailed here as the beginning of a new era in hospital construction. The majority of continental hospitals are composed of a group of one to, at the most, three-story buildings, scattered over a relatively large area. The new Beaujon Hospital is eleven stories in height and has a capacity of 1,100 beds, with a large out-patient department. There are only fourteen beds in each ward, and four of such wards form a service under the charge of a single attending physician. The laboratories and rooms for research work are in immediate proximity to each service. The cost of construction has been \$4,500 per bed and it is hoped that the cost of maintenance may be materially decreased through centralization in one building.

We spend six times as much for funerals and tombstones each year as we appropriate for public health service.—James M. Parrott, M.D., State Health Officer, North Carolina.